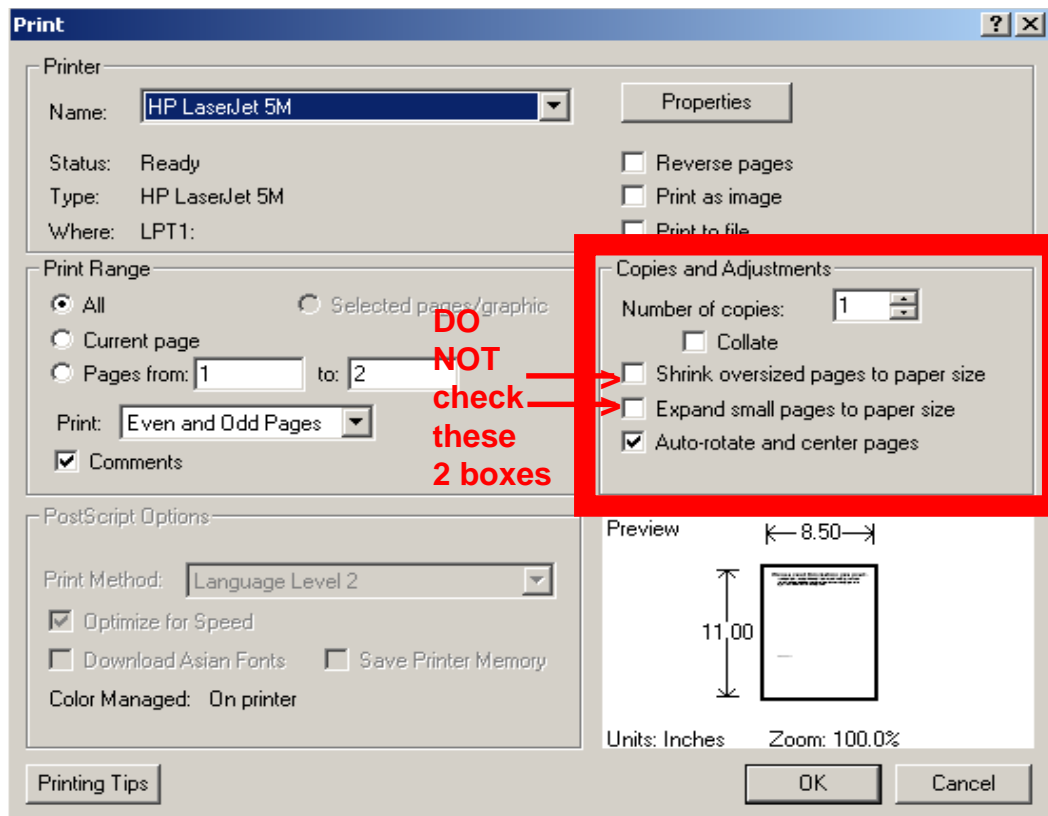


# Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

## A. Contents:

### Return to Active Veterinary Status from Retired Active Status Application Packet

1. 672-075 ... Contents List/SSN Information/Deposit Slip ..... 1 page
2. 672-061 ... Instructions for Return to Active Veterinary Status from Retired Active Status ..... 1 page
3. 672-060 ... Application for Return to Active Veterinary Status from Retired Active Status ..... 1 page

## B. Important Social Security Number Information:

- \* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- \* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

## C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099**.



Cut along this line and return the form below with your completed application and fees.



Veterinarian (Return to Active from Retired Active)

DEPOSIT SLIP

DOH 672-075 (REV 4/2004)

NAME (PLEASE PRINT)

Revenue Section  
P.O. Box 1099  
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return with your application.

\$

☐ Check  
☐ Money Order

1F 0283010000 00261

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## **Return to Active Veterinary Status from Retired Active Status Instructions**

**WAC 246-12-140 How to return to active status from Retired Active Status.** To change a retired active credential (license) to an active credential status the practitioner must:

1. **Notify the Department of Health, Veterinary Board of Governors in writing of the change.** Please include any changes in address or other pertinent information in your notification.
2. **Pay the appropriate current active renewal fee: \$65.00 or \$130.00.** The renewal for an active license is **\$130.00**. Your retired active license renewal fee of \$65.00 is applied toward the payment of the active renewal fee, therefore **\$65.00** is required to reactivate your license. If you have recently received your renewal notice, send in **\$130.00**. Your next renewal for an active license will be **\$130.00**.
3. **Pay the current substance abuse monitoring surcharge, if required by the profession.** Since this surcharge is included in the \$65.00 renewal fee for your retired active license, no further fee is required.
4. **Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession.** A declaration is provided on the attached form.
5. **Provide a written declaration that you have not voluntarily given up any credential or privilege or has not been restricted in the practice of the profession in lieu of or to avoid formal action.** A declaration is provided on the attached form.
6. **Provide a written declaration that continuing education and competency requirements have been met, if required by the profession.** Thirty hours of continuing education is required every three years for retired active and active veterinary licenses. You will be notified on your license renewal notice when your continuing education is due.
7. **Provide other written declarations or documentation, if required for the profession.** No other written declarations or documentation are required.
8. **Satisfy other competency requirements of the regulatory entity, if required.** No other competency requirements needed.
9. **If not previously provided, provide proof of AIDS education as required for the profession.** Four hours of AIDS education is required for initial licensure as a veterinarian.

Mail completed application and payment to:

Department of Health  
Veterinary Board of Governors  
P.O. Box 1099  
Olympia, Washington 98507-1099

**PLEASE NOTE:** If your retired active license has expired, there are different requirements for reinstatement of your license. Please contact the Department of Health, Customer Service Center at (360) 236-4700 for more information.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS QUALITY ASSURANCE

## Veterinary Board of Governors

### Return To Active Veterinary Status From Retired Active Status

I am requesting a change in licensure status. I would like to return to active status from retired active status. I am enclosing a check or money order for ☐ **\$65.00** (remainder of active fee) or for ☐ **\$130.00** (if your yearly renewal fee is due), made payable to the Department of Health.

I, \_\_\_\_\_, DVM declare the following to be true:

☐ Yes ☐ No My retired active veterinary license is current and in good standing.

☐ Yes ☐ No Action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict my practice of veterinary medicine, surgery and dentistry.

☐ Yes ☐ No I voluntarily gave up any credential or privilege and/or have been restricted in the practice of veterinary medicine, surgery and dentistry in lieu of or to avoid formal action.

☐ Yes ☐ No I have met continuing education and competency requirements as required by Washington State law.

Should I furnish any false or misleading information on this declaration, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice veterinary medicine, surgery and dentistry in the state of Washington.

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

My current address and phone number is:

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Phone Number: \_\_\_\_\_